

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16983**
Registrar's No. **2160**

FILED JUN 7 1943
Registration District No. **199**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trinity Lutheran Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days) 35 Yrs.
In this community

3. (a) PRINT FULL NAME Sampson K. Humpress
(b) If veteran, name war None
(c) Social Security No. 491-22-0077

4. Sex Male 0 5. Color or race Wh
6. (a) Single, widowed, married, Divorced Widowed
(b) Name of husband or wife Joann F. Humpress
(c) Age of husband or wife if alive Deceased
7. Birth date of deceased May 1, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 8 hr. min.

9. Birthplace Knifley Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Self

12. Name Steven Humpress

13. Birthplace No Record Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Knifley

15. Birthplace Knifley Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. C. Humpress

(b) Address 1907 East 50th St.

17. (a) Burial (b) Date thereof 5/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director State Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kans.

19. (a) 5-10-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 1907 East 50th Street. **5**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th
year 1943 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 21, 1943
to May 9, 1943
that I last saw him alive on May 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis ?
Duration

Due to Carcinoma of Prostate ?

Due to SIB

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) _____
Means of injury _____

23. Signature [Signature] (M. D. or other) 5/14/43
Address 1401 S. Main Blvd. K.C. Date signed

Dr. J. W. Janning
1401 Southwest Blvd
Lo - 0450

2 to 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. J. Nand

Licensed Embalmer No.

3991

P. O. Address.....

309 E. 67th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.